

Chronic Disease Management Workshop

DIABETES

December 10, 2004

(Registration deadline 12/6/04)

12:00 PM – 4:30 PM

(Sign in 12:00 PM – 12:15 PM)

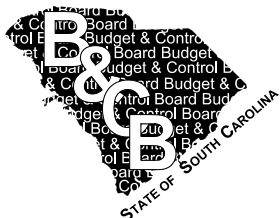
**Smith University Center
Room 218**

Francis Marion University

Speakers: Sharm Steadman, PharmD, BCPS, FASHP, CDE

Kay MacInnis, RD, CDE

Elizabeth Todd Heckel, MSW, CDE



This self-care management workshop is designed to help you:

- ♦Improve your quality of health care by better understanding diabetes
- ♦Establish better doctor/patient communications
- ♦Gain more confidence in health care decision-making

The diabetes workshop will provide a brief overview of

- | | | |
|--------------------|----------------|----------------------|
| ♦Symptoms | ♦Complications | ♦Diet and exercise |
| ♦Types of diabetes | ♦Treatment | ♦Psychosocial issues |

Please detach and mail this **DIABETES WORKSHOP FORM** to:
Ramsey Makhuli, Prevention Partners, P.O. Box 11661, Columbia, SC 29211
or fax form to 803-737-0793

Name: _____ Social Security No.: _____

Address (w) _____ (h) _____

Phone (w) _____ Phone (h) _____

E-mail : _____ How many attending including yourself? ____

Date of Birth: _____ I have had type _____ diabetes for _____ years.

I am taking: Insulin __ Diabetes Pills __ Aspirin __ My Hemoglobin A1c is: _____

Blood Pressure Medicine: _____ Other: _____

We will e-mail you a confirmation of your registration by 12-8-04.